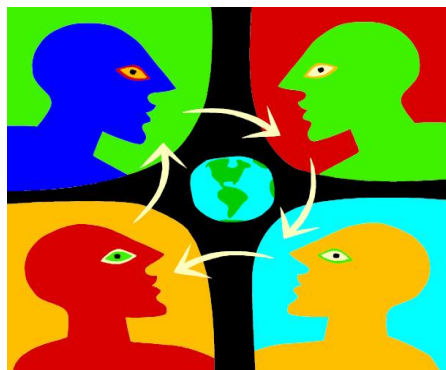
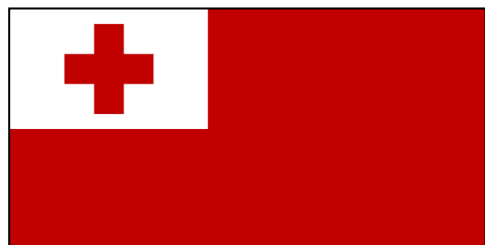


WHO MIND

Mental Health in Development



WHO proMIND:
Profiles on
Mental Health in
Development



**KINGDOM OF
TONGA**

Mental Health Policy and Service Development
Department of Mental Health and Substance Abuse
World Health Organization



**World Health
Organization**

WHO Library Cataloguing-in-Publication Data

WHO Profile on mental health in development (WHO proMIND): Kingdom of Tonga

1. XXXXXX. 2. XXXXXX. 3. XXXXXXXXXXXXXXX. 4. XXXXXXXX. 5. XXXXX.
I. XXXXXX. II. XXXXXXXX. III.

ISBN XXXXXXXXXXXXXXXX

(NLM classification: XX XXX)

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Suggested Citation:

Puloka M, Funk M, Mulliez Z, Akau'ola S, Shields L, and Drew N. WHO Profile on mental health in development (WHO proMIND): Kingdom of Tonga. Geneva, World Health Organization, 2016.

This and other profiles on mental health in development can be sourced from:
http://www.who.int/mental_health/policy/country/countrysummary/en/index.html

For feedback or suggestions for the improvement of this publication, please email Dr Michelle Funk (funkm@who.int)

KINGDOM OF TONGA



“To support and improve the mental health of the nation by providing quality, effective and sustainable mental health services that are accountable for health outcomes.”

Acknowledgements

This publication has been produced as part of the World Health Organization's (WHO) profiles on mental health in development (WHO proMIND), and has been written and edited by:

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The preparation of this profile would not have been possible without the support of the following staff from the Kingdom of Tonga and WHO:

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Potential partners interested in finding out more about mental health in the Kingdom of Tonga should also contact project partners based in-country (contact details on page 11).

WHO proMIND

Potential partners and donors interested in supporting or funding WHO proMIND projects should contact Dr Michelle Funk (funkm@who.int), Coordinator, MHP, Department of Mental Health and Substance Abuse, WHO, Geneva, Switzerland.

More information about WHO MIND and WHO proMIND projects is available on the website: http://www.who.int/mental_health/policy/en/

The WHO Pacific Islands Mental Health Network (PIMHnet)



The idea to establish the Pacific Islands Mental Health Network (WHO PIMHnet) came about at a meeting of Ministers of Health for the Pacific Island Countries (Samoa, 2005) during which the idea of a Pacific network as a means of overcoming geographical and resource constraints in the field of mental health was discussed.

There was unanimous support among countries of the Pacific Region to establish the network, and with the support of New Zealand's Ministry of Health, the World Health Organization initiated process to establish PIMHnet. The network was officially launched during the Pacific Island Meeting of Health Ministers in Vanuatu in 2007.

- PIMHnet currently counts 20 member countries, each with an officially appointed focal point: **American Samoa, Australia, Commonwealth of the Northern Mariana Islands, Cook Islands, Federated States of Micronesia, Fiji, Guam, Kiribati, Marshall Islands, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.**

The key aim of the Pacific Island Mental Health Network is to enable Island countries to work together and draw on their collective experience, knowledge and resources in order to establish mental health systems that can provide effective treatment and care.

In consultation with countries, PIMHnet has identified a number of priority areas of work, including advocacy; human resources and training; mental health policy, planning, legislation and service development; and access to psychotropic drugs; and research and information. Network countries meet on an annual basis to develop workplans outlining major areas for action to address these priorities, to be officially endorsed by their ministers of health.

PIMHnet has also been successful in forging strategic partnerships with NGOs and other agencies working in the Pacific Region in order to reduce the existing fragmentation of mental health activities and to build more coordinated and effective strategies to address the treatment gap, to improve mental health care and put an end to stigma, discrimination and human rights violations against people with mental disorders.

PIMHnet is funded by the New Zealand Ministry of Foreign Affairs and Trade through the New Zealand Aid Programme.

THE PROJECT

"To support and improve the mental health of the nation by providing quality, effective and sustainable mental health services that are accountable for health outcomes."

KEY ACHIEVEMENTS FOR MENTAL HEALTH IN TONGA

- Mental health surveillance developed
- Graduation of 12 students in Arts and Sciences at Atenisi University who have taken a course in Psychology as part of their studies are now working in several mental health services
- New Mental Health Act developed and adopted
- Introduction of Fie Fia project to improve awareness of mental health at grass roots levels
- Introduction of mental health into Sia'atoutai Theological School curriculum
- Finalization of Human Resource Development and Training Plan
- Mental health services are officially included in the disaster task force of the Ministry of Health
- Psychological First Aid (PFA) and Mental Health Psychosocial Support (MHPSS) are now included as part of the Ministry of Health emergency team response

NEXT STEPS FOR TONGA

- Prepare the National Mental Health Policy
- Implement the Human Resource Development and Training Plan, with a focus on training for public health nurses and forensic training for mental health welfare officers

OVERVIEW

While there is a lack of data related to mental illness in Tonga, there is some evidence suggesting that the rates of alcohol and substance abuse are high. People with mental disorders are also subject to high rates of stigma and discrimination. As a result, mental illness is underreported in national surveys and reports; and services are underprovided. People with mental disorders are less inclined to participate in social and religious activities, and are more reluctant to use health care services.

The geographical separation of the 176 islands across the South Pacific makes access to mental health treatment and care a challenge. The country has only one psychiatric facility, located in Tongatapu. This facility provides the majority of the mental health services. Traditional healers remain an important source of care for people with mental health problems.

Tonga has recognized the need for a policy specifically dedicated to mental health, and a draft is currently being developed. The Mental Health Act was formulated in 2001.

Tonga lacks trained health professionals, particularly in the Outer Islands, and hence the training of specialists and general health care workers in mental health is a priority. There is also a need to provide mental health training to communities, services users and their carers. Another key priority is to integrate mental health services into general health services.

HISTORY AND MILESTONES

1992

The Lunatic Act #9 (1948) is repealed. The word “lunatic” is eliminated from current health legislation and has been replaced by “mental health”(1).

1992

The Mental Health Act (1992) is adopted in order to improve the procedures in place for people requiring treatment for mental disorders. This Act defines and interprets key terminology relevant to mental health, appoints a Mental Health Advisory Committee, establishes mental health welfare officers and outlines hospital admission, detention regulations, savings and repeal.

1992

From 1992 to 2003, national workshops in mental health are conducted. Workshop topics include: Clinical Psychiatry, Mental Health Act, Traditional Healing, Forensic Psychiatry, Substance-related Disorders, Counselling, Rehabilitation, Care-givers, and Transpersonal Psychiatry. Workshop participants include doctors, nurses, health officers, lawyers, officers from probation services, police officers, teachers, town officers, district officers, traditional healers, NGO representatives such as the Tonga Disabled Centre (OTA and ALONGA branches), Salvation Army, Tonga Lifeline, Tonga National Centre for Women and Children, representatives from churches, and other stakeholders.

1995

Mental health technical terms are translated to commonly-used Tongan concepts for services users and carers.

1995

A mental health surveillance register is developed. This register contains information on all in- and outpatients dating back to 1978.

1996

A Mental Health Welfare Officer post is established to care for patients in the community. The same year, a survey reveals that the majority of people with mental health disorders are more inclined to use traditional healers' services than health centres services.

1998

An intensive public awareness and education campaign is launched in Tonga, with a special focus on mental illness. The campaign spans 7 years, finishing in 2005, and allows the community to better understand mental illness. As a consequence, outpatient consultations in the Vaiola Hospital psychiatric facility, as well as phone consultations, increase.

1998

A mass media programme addressing mental health issues is implemented.

1999

A Psychiatric Social Worker position is established.

The Fie Fia Project is introduced in order to improve awareness of mental health at grassroots level.

Mental Health training is conducted at Atenisi University until 2007, through a psychology course provided to 20 students.

2000

World Mental Health Day is celebrated for the first time, upon approval of the Ministry of Health and the Mental Health Advisory Committee (MHAC) and following advice from the World Federation of Mental Health. The Princess Salote Mafile'o Pilolevu Tuita receives a Certificate of Appreciation from the Ministry of Health rewarding her services to mental health.

2001

The 1992 Mental Health Act is repealed and replaced by the Mental Health Act 2001 which is more aligned with the United Nations Human Rights (UNHR) Principles for Protection of Persons with Mental Illness.

The new mental health act is adopted.

2003

Pacific Islands Ministers of Health meet in Tonga in March. Mental health is included in the agenda for the first time.

2004

The English version of the Mental Health Act 2001 is amended to re-phrase some terms and definitions. No other substantial amendments are made. A Mental Health Tribunal Committee is established.

The 2004-2009 National Strategy to Prevent and Control Noncommunicable Diseases includes a strategy to reduce alcohol misuse.

2006

The National Strategic Plan is established and includes some aspects related to mental health.

Mental health is introduced as a topic in the Sia'atoutai Theological School Curriculum.

2007

Tonga joins the Suicide Trends in At-Risk Territories (START) study.

Representatives from Tonga attend the WHO Pacific Islands Mental Health Network (PIMHnet) Meeting and Mental Health Policy Workshop in Apia, Samoa in June.

2008

Representatives from Tonga's Nongovernmental Associations attend the WHO Pacific Islands Mental Health Network (PIMHnet's) Meeting on Partnership in Mental Health for the Pacific in Wellington, New Zealand, in February.

Representatives from Tonga attend the second annual PIMHnet Meeting and Workshop, in Nadi, Fiji, in September.

2009

Tonga joins the Suicide Behavior Monitoring and Intervention Project.

A representative from Tonga participates in national meetings on alcohol policy development

Drafting on a new policy and legislation on alcohol commences.

2010

A final draft of the Human Resource and Training Plan for Tonga is completed in February.

Dr Mapa Haano Puloka, Chief medical doctor responsible for mental health in Tonga, receives an official contract to provide visits two or three times per year as a Mental Health Specialist for Nauru. This is a good example of how the expertise of the few mental health clinicians in the Pacific can be utilized more widely to help other countries within the region – an important goal of the WHO Pacific Islands Mental Health Network (PIMHnet).

Senior Medical Officer/ Authorised Psychiatrist for mental health visited the Republic of Nauru to build capacity in mental health in April and July of 2010.

2011

Special Olympic Tonga Association (SOTA) is established.

A national workshop is held to discuss social protection services to support people with psychosocial disability.

2012:

A staff nurse supervisor from the Republic of Nauru completed a 6-week placement at the Psychiatric Unit in Tonga as part of Tonga's strategy to build capacity in mental health.

Senior Medical Officer/ Authorised Psychiatrist visited the Republic of Nauru to build capacity in mental health in March and October 2012.

In June 2012, Dr Mapa Haano Puloka, Senior Medical Officer/ Authorised Psychiatrist, attended the First Workshop on Community-based Rehabilitation and Disability in Nadi, Fiji. It was organized by the Pacific Disability Forum (PDF), the Pacific Island Forum Secretariat (PIFS) and WHO.

In September 2012, a Senior Medical Officer/ Authorised Psychiatrist attended a workshop on disability, organized by the Pacific Island Forum Secretariat (PIFS).

Increased community awareness of World Suicide Prevention Day (10 September 2012) was led by the Forum of Church Leaders.

In September 2012 a Senior Medical Officer/ authorised psychiatrist attended a workshop on suicide prevention in South Korea, organized by the Government of South Korea and WHO.

In November 2012, a Senior Medical Officer/ Authorised Psychiatrist attended the first Community-based Rehabilitation (CBR) World Congress in Agra, India.

2013:

Community consultations about suicide prevention were held in March and September 2013. They were organized by the Reverend Fili Lilo, Secretary-General for the National Forum of Church Leaders, an organization within the Ministry of Internal Affairs.

A workshop on the Mental Health Act #8, 2001 was attended by District Officers and Town Officers of Tongatapu in April 2013.

In May 2013, national workshops and consultations were held on Mental Health Policy Development and the introduction of the mhGAP Intervention Guide. It was implemented by WHO under the guidance of Dr Li Dan, Country Liaison Officer, and Dr Wang Xiangdong, Regional

Adviser for Mental Health at WHO's Regional Office for the Western Pacific (WPRO) in Manila, and Dr Mapa Haano Puloka, Senior Medical Officer in charge of Mental Health for Tonga. Attendees included health officers, reproductive health nurses, and doctors.

In June 2013, the Senior Medical Officer/ Authorized Psychiatrist attended a workshop on disability, organized by the Pacific Island Forum Secretariat (PIFS) in Nadi, Fiji.

In June 2013, the Senior Medical Officer/ Authorized Psychiatrist attended a sub-regional Community-based Rehabilitation (CBR) Workshop on Disability in Samoa.

The Senior Medical Officer / Authorized Psychiatrist attended a workshop on Suicide in Tahiti in July 2013, organized by WHO and the Government of France.

The First Workshop on the Convention of the Right of Persons with Disability (CRPD) was held in Tonga on August 2013, and was organized by the Pacific Regional Right Resource Team (PRRRT).

On 10 September 2013, World Suicide Prevention Day activities were led by the Ministry of Internal Affairs.

Stakeholder consultations were held for the development of a National Policy for Disability Inclusive Development in September 2013. It was led by members of the Pacific Island Forum Secretariat, the Pacific Island Disability Forum, and Dr Mapa Haano Puloka, Government Focal Point for Disability, under the leadership of Dr Helen Tavola from the United Nations Economic and Social Commission (ESCAP). A workshop was held and attended by the Chief Executive Officers of Health and Education, and the Ministry of Internal Affairs and other representatives from Government Ministries and Nongovernmental Organizations.

In October 2013, Senior Medical Officer, Dr Mapa Haano Puloka, attended a workshop on the Global Disability Action Plan in Manila, Philippines, organized and funded by the World Health Organization.

In November 2013, Dr Mapa Haano Puloka, Senior Medical Officer, attended the First Regional Meeting on Regional Disability Inclusive Budgeting and Disability Statistics organized by the Pacific Island Forum Secretariat (PIFS) and the Pacific Island Disability Forum (PIDF), in Nadi, Fiji.

The Senior Medical Officer/ Authorized Psychiatrist visited the Republic of Nauru to build capacity in mental health in April, August, November and December 2013.

2014:

Public Service Decision Number 87 (4/2/12/3) led to the promotion of Dr Mapa Haano Puloka, Senior Medical Officer/ Authorized Psychiatrist, to the level of Psychiatric Specialist (4 March 2014).

His Majesty's Cabinet Decision (6 June 2014) with the Recommendation that:

1. the Tonga National Policy on Disability Inclusive Development 2014-2018 be approved;
2. the Ministry of Internal Affairs be designated as the Government Focal Point for the Tonga National Policy on Disability Inclusive Development 2014-2018 and for Persons with Disability; and
3. the UN Convention of the Right of Persons with Disabilities which the Government of Tonga signed in 2007 be ratified as a way to facilitate the full implementation of the Tonga National Policy on Disability Inclusive Development 2014-2018.

Approval for the Mental Health (Amendment) Bill 2014 is submitted to the Legislative Assembly (His Majesty Cabinet Decision #629 dated 21 August 2014).

The Legislative Assembly passed the Mental Health (Amendment Bill) 2014 and awaits the King's assent (October 2014). The mental health amendment bill will allow involuntary or forensic patients to leave the facility in order to receive medical, dental, psychosocial or spiritual treatment in the

community as part of their rehabilitation programme. Leave under the amendment bill will be subject to the Authorized Psychiatrist's approval.

The Chief Executive Office of Health, Dr Siale 'Akauola, led the Tongan mental health team (which included Dr Mapa Haano Puloka) at the Pacific Island Mental Health Network (PIMHnet) Meeting which was held in New Zealand (22-25 September 2014) to scale up the implementation of the Mental Health Action Plan in the Pacific.

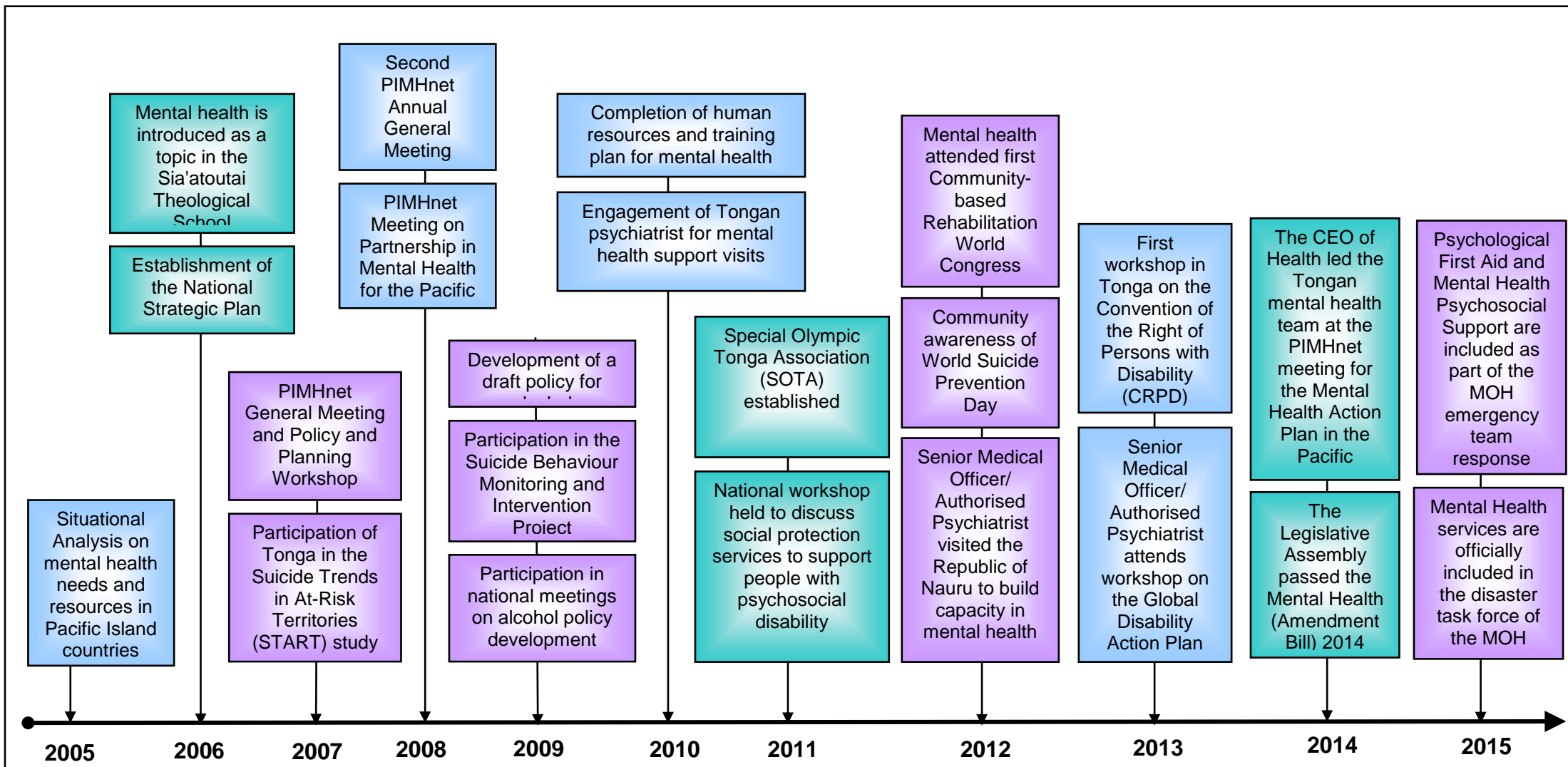
2015:

Mental health services are officially included in the disaster task force of the MOH. Furthermore, Psychological First Aid (PFA) and Mental Health Psychosocial Support (MHPSS) are included as part of the Ministry of Health emergency team response.

The mental health team was actively involved in the commemoration of the 2015 Disability Week, led by the Government Focal Point for Disability and the Ministry of Internal Affairs, and Guest of Honour, the Queen of Tonga.

The authorized psychiatrist was invited by the Parliament Standing Committee for Social Services to address the serious mental health needs for Tonga. This resulted in funding for a new mental health facility for the main prison in Hu'atolitoli, and to provide the basic, much needed fuel supplies for the psychiatric unit home and the outreach programme.

Figure 1: **Timeline**



OFFICIAL DOCUMENTS

DEVELOPMENT AND POVERTY REDUCTION POLICIES, STRATEGIES AND PROGRAMS

- Tonga Strategic Development Framework (TSDF), 2011, Ministry of Finance and National Planning, Government of the Kingdom of Tonga
- National Strategic Planning Framework, 2009, Prime Minister's Office, Kingdom of Tonga
- Tonga Strategic Development Plan 8, 2006, Kingdom of Tonga

HEALTH AND MENTAL HEALTH POLICIES, PLANS AND PROGRAMS

- Tonga National Strategy to Prevent and Control Noncommunicable Diseases, 2010-2015, Ministry of Health, Government of the Kingdom of Tonga
- Corporate Plan 2008-2009/2011-2012, Ministry of Health, the Government of the Kingdom of Tonga
- Tonga Health Systems – Australian Support Framework Design, Australian Agency for International Development (AusAID), 2009

LEGISLATION

- Health Promotion Foundation Act 2007, Parliament of the Kingdom of Tonga
- Mental Health Act 2001, Government of the Kingdom of Tonga, No 8 of 2001
- Therapeutic Goods Act 2001, Government of the Kingdom of Tonga
- Health Practitioners Review Act 2001, Government of the Kingdom of Tonga
- Medical and Dental Practice Act 2001, Government of the Kingdom of Tonga
- Public Health Act 1992, Government of the Kingdom of Tonga
- Health Services Act 1991, Government of the Kingdom of Tonga
- Intoxicating Liquor Act 1951, Government of the Kingdom of Tonga, amended in 1988

SITUATIONAL ANALYSES

- Youth and Mental Health in Tonga: A Situational Analysis, 2006. Tonga Community Development Trust, Kingdom of Tonga. Commissioned by the FSPI Regional Health Programme, and the Foundations of the Peoples of the South Pacific International.
- Tongan National Disability Identification Survey, 2006. Tonga Red Cross Society and Disability Advisory Committee (DACTION)
- Situational analysis of mental health needs and resources in Pacific Island countries. Centre for Mental Health Research, Policy and Service Development, The University of Auckland, Faculty of Medical Sciences, and the World Health Organization, 2005

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THE CONTEXT

1. COUNTRY DEMOGRAPHIC AND SOCIOECONOMIC PROFILE

Figure 2
Location of the Kingdom of Tonga



Source: reference (2)

GEOGRAPHY AND CLIMATE

Tonga is located in the Pacific Ocean comprising nearly 150 islands, of which approximately one fifth are inhabited. It has an approximate area of 700 000 square kilometers.

The geography of Tonga poses many problems for the nation's health care system. While the residents of Tongatapu have reasonably good access to healthcare services, services on the other islands can be very limited due to the lack of transportation, communication and internet access.

Furthermore, Tonga is prone to natural disasters. In the last decade, a tsunami and two cyclones have struck the country, resulting in significant damage to the region, such as substantial crop losses and damaged homes.

DEMOGRAPHICS

Two thirds of Tonga's population live on Tongatapu. Tongatapu is the most developed and modernized island and is the main point of access to other countries. The two other large islands, Ha'apai and Vava'u, tend to have less foreign influence and development, and hold more traditional values and influences (3).

Tonga had an estimated population of 106,000 in 2012 (4).

In 2013, approximately 24% of the population lived in urban settings (5). The urban regions include the villages of Kolofo'ou, Ma'ufanga, and Kolomotu'a, which are all part of Nuku'alofa, Tongatapu.

Figure 3 illustrates the comparatively high number of individuals in the age range of 5-15, while **Figure 4** shows a dramatic reduction in population growth by 2050 with a number of individuals in the age range of 45-54.

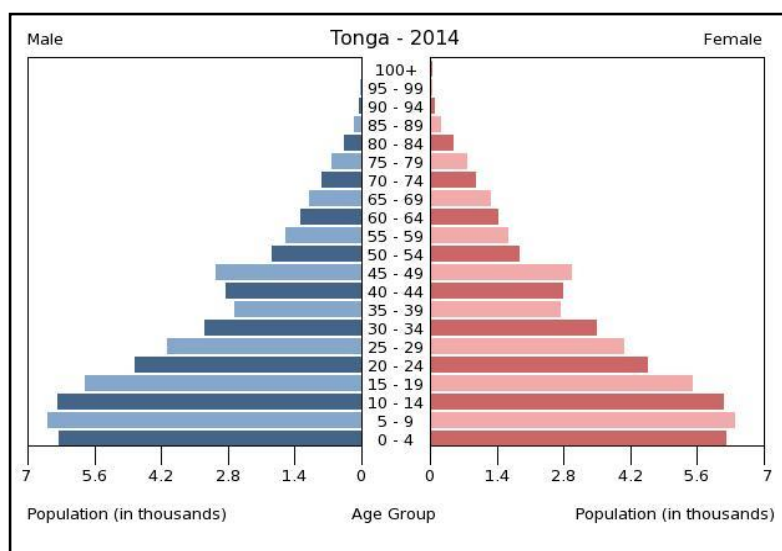


Figure 3
Age structure diagram illustrating the population in Tonga in 2014

Source: reference (6)

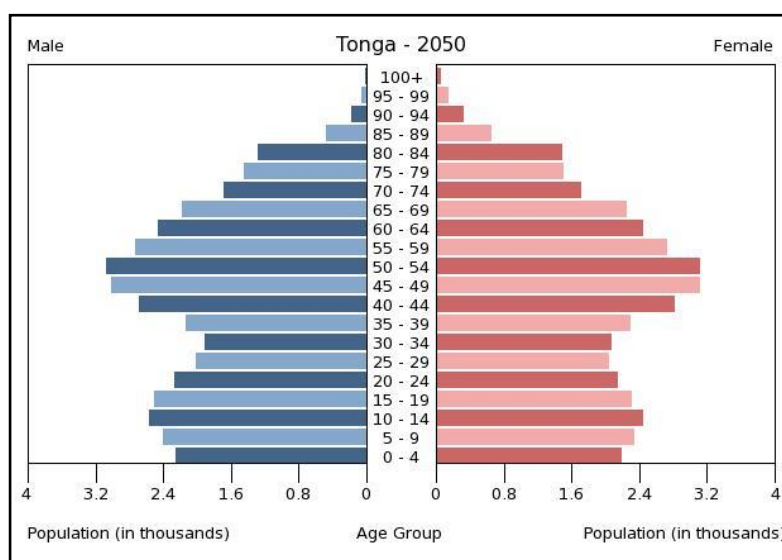


Figure 4
Age structure diagram illustrating the population in Tonga in 2050

Source: reference (6)

MIGRATION

Migration is an important issue for the country. Indeed, the number of Tongans who live and work abroad, primarily in New Zealand, Australia and the United States, is equal to the number of Tongans who live in their country (7). Within the health sector, migration is a key barrier to strengthening the general mental health services.

However, remittances form a key feature of the Tongan economy, as they are essential to sustain the country's economic growth. In 2014, personal remittances were equivalent to 26.3% of GDP (8).

The 2000/01 Household Income and Expenditure Survey (HIES) in Tonga revealed that remittances overseas accounted for 20% of Tongan household's cash income and 15% of their cash plus non-cash income (9). A World Bank study later identified that 90% of households receive cash remittances from abroad (9).

CULTURE

The national capital of the country is Nuku'alofa (10). The main languages are Tongan and English. The largest ethnic groups are Polynesian, and the largest religious group is Christian (10).

EDUCATION AND LITERACY

Tonga has a very high literacy rate, estimated at 99% for adults (people aged 15 and above) (11). Education indicators are also excellent in Tonga, with figures indicating that 98% of children ages 6 to 14 were enrolled in school in 2010, with little to no difference between enrollment rates for girls and boys (7). In 2012, figures indicate a total enrollment ratio in primary education of 110%, regardless of age*. The Government of Tonga funds primary education; and churches play a central role in Tonga's educational system at the secondary level (7).

DEVELOPMENT INDICATORS

The Human Development Index (HDI) is a composite indicator used to assess long-term progress in three basic dimensions of human development: long and healthy life (measured by life expectancy), access to knowledge (measured by mean years of schooling and expected years of schooling), and a decent standard of living (measured by Gross National Income per capita).

Tonga has HDI of 0.71, ranking 95th in the World. The country is positioned in the 'high human development countries' category (12). The country's high HDI index may be attributed to strong health and education indicators, in addition to low absolute poverty rates.

Tonga is making progress towards meeting three of the Millennium Development Goals (MDGs). With regards to the MDG addressing infant mortality, Tonga is one of the best performing Pacific Island countries (13). Infant mortality and under 5 mortality have significantly declined. Tonga also has one of the lowest maternal mortality rates in the Pacific. The maternal mortality ratio decreased from 227 in 2005 to 124 in 2015 (4) and 99% of deliveries are attended by skilled health personnel (5).

There are several explanations for this progress, but the most significant one is probably the Government's commitment to delivering key interventions such as immunizations, antenatal care and trained delivery care to the entire population (13). Tonga is also one of the few countries that have made immunization mandatory by law (14).

Furthermore, Tonga is meeting MDG 7 to ensure environmental sustainability via improved water and sanitation strategies, which has resulted in 100% of households having sustained access to improved water sources and 96% having access to improved sanitation (14).

Thus, development outcomes in Tonga are relatively strong compared to the rest of the Pacific Island region. However, this progress has fluctuated substantially (7). Low levels of economic growth, combined with a tight fiscal situation and an increasing incidence in relative hardship are threatening the progress of Tonga in the achievement of the MDGs (15). Moreover, Tonga still needs to make progress on the other MDG's of eradicating extreme poverty and hunger (7).

To tackle the country's remaining issues, the government launched a Strategic Development Framework in 2011, setting up nine strategic outcomes: strong inclusive communities, dynamic public and private sector partnerships and better collaboration between government and business, appropriate and well planned infrastructures, sound education standards, appropriately skilled workforce meeting the opportunities in Tonga and abroad, improved health of the people with a particular focus on noncommunicable diseases, environmental sustainability, better governance and safe and stable society.

* Gross Enrollment Ratio can exceed 100% due to the inclusion of over-aged and under-aged students because of early or late school entrance and grade repetition

Table 1
Individual indicators of human development in Tonga

National Indicators		
Demography & Population	Indicator	Source: reference
Population (number)	106,000	(4)
Population Under Age 15 (%)	37.33	(5)
Urban Population (%)	24	(5)
Population Growth Rate (%)	0.612	(16)
Contraceptive Prevalence Rate (%)	32	(17)
Under Five Mortality Rate (rate per 1,000)	16.7	(4)
Maternal Mortality Ratio (rate per 100,000)	124	(4)
Life Expectancy	73.5	(4)
GDP(US\$)	453	(18)
Country Income Classification	lower middle income	(18)
Total expenditure on health as % of GDP	4.4	(19)

2. CONTEXTUAL FACTORS INFLUENCING MENTAL HEALTH NEEDS AND SERVICES

ECONOMIC AND ENVIRONMENTAL CONTEXT

Tonga was classified by the UNFPA as a lower-income country (18). In 2011, the country had a Gross National Income (GNI) per capita of US\$ 3,830 (18). Tonga's economy is traditionally redistributive and based on three core values: love, respect and responsibility (20). The economy is still agricultural-based with a narrow export base.

Because of this narrow economic base, the country is facing important economic issues. First, the economy is highly vulnerable to external shocks because of its heavy reliance on remittances (7). For instance, the country has been hit hard by both the economic slowdown in the US and other OECD countries and the 2008 food and fuel price shocks (7). As a result of the global economic crisis, remittances have declined significantly in real terms.

Even if it is well recognized in the international community that Tonga does not suffer extreme poverty (20), the real income of many households has declined. An analysis of the 2001 and 2009 household income and expenditure surveys indicates that the incidence of basic needs poverty rose by six percentage points between 2001 and 2009 (15). Furthermore, pockets of serious poverty occur in some remote areas where rural migrants do not have access to traditional lands. However, this affects only about 2% of households nationwide, representing 3.1% of the population (15).

Tonga's economy and service delivery has also been negatively affected by natural disasters which have been estimated to cost the country the equivalent of 15% of annual GNI (7).

GOVERNMENT AND ADMINISTRATION

Tonga is a constitutional monarchy. The King is both the Head of State and the Commander-in-Chief of the Armed Forces. The King appoints the Prime Minister from among the members of Parliament. The executive power is invested in the Cabinet of Ministers while the legislative power is vested in the King in Parliament. Last, the judicial power is placed in the Supreme Court (21).

HEALTH STATUS

Noncommunicable diseases

Since the 1950s, Tonga has gone through an epidemiological transition. Indeed, the proportion of deaths caused by infectious diseases fell from 32% in the 1950s to 6% in the 1990s, while the proportion of deaths from diseases of the circulatory system grew from 5.6% to 38% during the same period (13).

Diabetes, hypertension and obesity have become a major problem in the country. In 2008, the country had an obesity prevalence of 57.6% and an overweight prevalence of 87% (both sexes) (22). Reduced physical activity, smoking, ageing, motorization as well as the importation of western diet with high fat and sugar contents are several factors explaining the growing NCD burden. NCDs are estimated to account for 74% of all deaths (22).

The situation is even more alarming as there is likely to be considerable underreporting of NCDs. Indeed, death certificates are frequently based on reports from relatives and 'unknown cause of death' ranks as second in the list of leading causes of death (13).

Communicable diseases

HIV/AIDS and sexually transmitted infections (STIs)

HIV prevalence remains very low in Tonga. The Global Aids Response Progress Report indicated in 2012 that only 18 people (12 men and 6 women) have been diagnosed with HIV since 1987. The last case was diagnosed in 2009 (23).

The main mode of transmission appears to be through unprotected sexual activities. Other sexually transmitted infections (STI) affecting the country include gonorrhea and syphilis (13). As many patients are treated by private practitioners who do not notify the Ministry of Health, the number of Tongans affected by these STIs is thought to be much higher than that revealed by the statistics. A 2005 study showed that condoms are more seen as a method of contraception to be used within marriage rather than a method to protect against STI (13).

Suicide and substance abuse

According to the WHO Suicide Trends in At Risk Territories (START) study, Tonga has a suicide rate of 19.2 per 100,000 for males and 0.9 for females, with Tonga providing the longest time series of data for the study. The sex differences in the data should be interpreted with caution as the data only reflects the island of Tongatapu and the number for females is particularly low (24).

Tonga has a median age of suicide deaths of 22 years, and the proportion of male suicides is higher than the proportion of female suicides. Hanging is the most common method of suicide in Tonga, in contrast to the consumption of *paraquat*, a toxic herbicide, a leading method for suicide in the Pacific Islands (25).

Attitudes to mental health

The perception and attitudes towards mental health in Tonga are complex. One view of mental health in Tonga is that mental illness is a result of breaking tapu (taboo) (3). Three traditional Tongan difficulties are *'avanga*, *te'ia*, and *mala* (3). *Avanga* and *te'ia* both refer to a person possessed by spirits of the dead. *Avanga* is a spiritually induced psychosis which responds to traditional healing practices and is perceived more positively in Tongan society than other mental disorders. *Mala* refers to a person who is cursed due to breaking cultural norms and values such as offenses against family, superiors, sacred symbols and places (3).

It is not common for families to discuss mental health issues (26) and as a result, stigmatization and neglect are serious issues.

MENTAL HEALTH PROBLEMS AND TREATMENT IN THE KINGDOM OF TONGA

3. BURDEN OF DISEASE AND TREATMENT GAP

PREVALENCE AND BURDEN OF DISEASE IN COUNTRY

There is very little data available with regard to the incidence and prevalence of mental illness in Tonga. There is no known formal data collection system for mental disabilities in Tonga, and as a result the precise incidence and prevalence of mental disabilities are largely unknown.

However, the Tongan health authorities have identified mental illness as a significant cause of morbidity in the country. Furthermore, the Tonga National Disability Identification Survey (see **Table 2**) reported a relatively low prevalence of mental disorders in Tonga, with 5% of the total population with a mental illness and 3% with epilepsy (27). This low prevalence could be either due to stigma attached to mental disorders leading to underreporting, or due to certain disabilities not being recognized (3).

A country study conducted in Tonga on disability revealed that 43% of Tongans who had a disability had a mental illness and/or psychiatric impairment (113 of 226 Tongans with a disability) (1).

The WHO burden of disease report on schizophrenia indicates that the incidence of schizophrenia in Tonga is 0.209 per 1000 people, which is on the lower end of the spectrum, while the prevalence rate is 4.33 per 1000 people, which is on the high end of the range for the global burden of schizophrenia (28).

Table 2
Results from the Tonga National Disability Identification Survey, 2006

Type of Disability	Infants	Primary aged	Working age			Retire- ment age	Unknown age	Total	%
	0-4 years	5-14 years	15-24 years (youth)	25-60 years	Total (15-60 years)	61+ years			
Blind	1	4	3	17	20	35	2	62	1
Visually impaired	3	18	24	235	259	868	12	1160	24
Deaf	0	19	20	52	72	88	2	181	4
Hearing impaired	8	30	17	50	67	329	7	441	9
Deaf and Blind	0	4	0	1	1	4	0	9	0
Speech impaired	9	71	44	76	120	56	5	261	5
Epilepsy	3	27	33	59	92	18	2	142	3
Intellectual Disability	3	58	66	126	192	87	4	344	7
Learning Disability	1	78	68	27	95	6		180	4
Mental Illness	1	32	37	134	171	48	4	256	5
Physical Disability	22	72	86	432	518	1120	18	1750	36
No answer/refused	0	4	5	0	5	7	0	16	0
Totals	51	417	403	1209	1612	2666	56	4802	100
%	1	9	8	25	34	56	1	100	

Source: reference (27)

TREATMENT AND SERVICE UTILIZATION DATA

The most recent data (2010) report that 175 people were admitted for mental health problems and alcohol/substance abuse to Vaiola Hospital for inpatient services, and that 233 people received treatment in an outpatient setting (29).

In terms of outpatient and inpatient consultations, 261 people had consultations in an inpatient setting at Vaiola Hospital because of mental health problems and alcohol/substance abuse, and 916 people had outpatient consultations in 2010. It is important to note that consultations can occur more than once for one person in the same year.

The number of people who received outreach visits is unavailable.

TREATMENT GAP

Based on data from the WHO World Mental Health Survey in 2014 (30), global prevalence rates of 13% (for mild to severe mental disorders), 3% (for severe mental disorders) and 10% (for moderate to mild mental disorders) were used to estimate the numbers of adults with mental disorders in the Tonga.

Using these estimates it was calculated that: 1740 people suffered from severe mental disorders (3% of the total adult population over the age of 18 of 58,000) (31), 5800 people suffered from moderate to mild mental disorders (10% of the total adult population of 58 000) in Tonga and a total of 7,540 adults suffered mental disorders of all severities (mild to severe) (13 % of the total adult population of 58,000).

Service utilization data estimates that approximately 175 people received inpatient treatment and that 233 people received outpatient treatment in 2010.

If it is assumed that all of the 408 adults who received treatment had a severe mental disorder then the estimated treatment rate for severe mental disorders would be 23.4% (408 of the 1740 people estimated to have severe mental disorders), resulting in a treatment gap of approximately 76.6% for people with severe mental disorders.

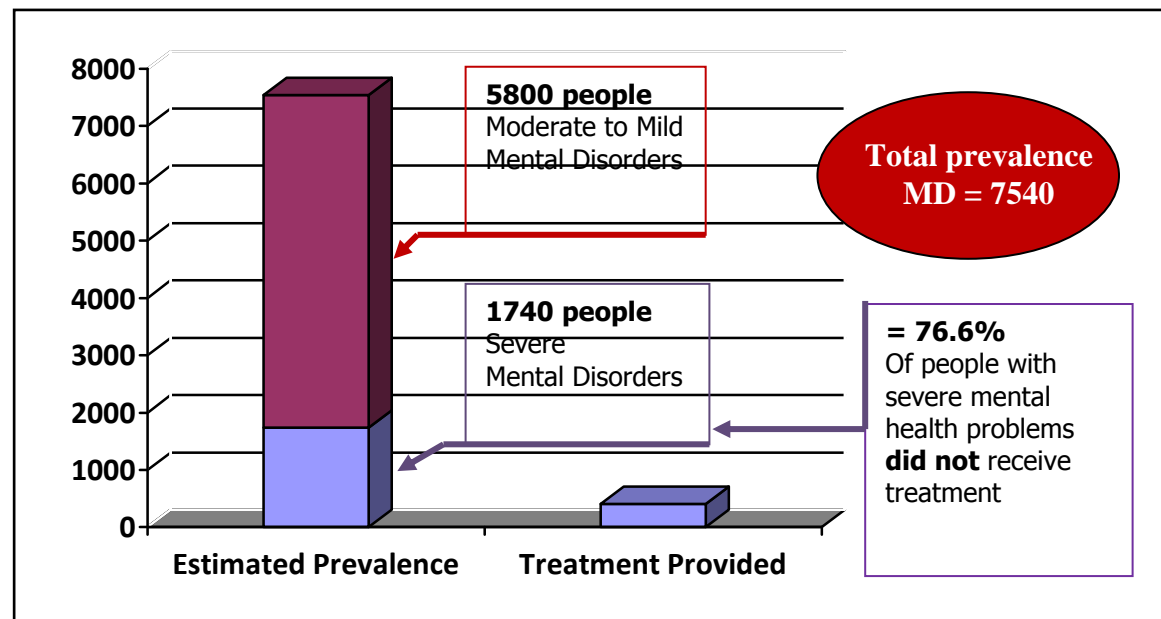
If it is assumed that all of the 408 adults who received treatment had all severities (mild to severe) of mental disorders then the estimated treatment rate for all severities of mental disorders would be 5.4% (408 of the 7540 people estimated to have all severities of mental disorders), resulting in a treatment gap of approximately 94.6% for people with all severities of mental disorders. The treatment gap is illustrated in **Figure 5**.

It is to be noted that the numbers and calculations presented here are rough estimations intended to provide a general understanding of treatment rates in FSM.

* The World Mental Health Survey uses the population over 18 as the adult population reference

Figure 5

The estimated treatment gap for mental disorders in Tonga



MENTAL HEALTH WITHIN THE GENERAL HEALTH SYSTEM

4. MENTAL HEALTH WITHIN THE GENERAL HEALTH SYSTEM

The Tongan Ministry of Health is divided into six functional divisions: Administration, Health Planning and Information, Public Health, Medical, Nursing, and Dental. Mental health comes under medical services. With regards to the geographical management of health services, Tonga is divided into four health districts: Tongatapu, Vava'u, Ha'apai and 'Eua. The Tongatapu Health District in partnership with the Ministry of Health are responsible for services in the Outer Islands and the two Niu'a islands (Nuatoputapu, and Niuafu'ou).

Tonga has one national referral hospital, the Vaiola hospital, which is based in the Tongatapu region in the city of Nuku'alofa (13). The Ministry of Health itself is located there and works in four programme areas: policy formulation and administration, preventative health services, curative health services and dental health services (13). Within the Ministry, mental health services are organized and provided by the Vaiola Hospital's Psychiatric Unit. Advisory committees liaise between the Minister of Health and the program areas; for mental health it is the Mental Health Advisory Committee.

In addition to the Vaiola hospital, Tonga has three district hospitals: Prince Ngu's Hospital in the Vava'u region, Niu'ui hospital in Ha'apai and Niu'eki hospital in Eua (14). Prince Ngu's hospital is responsible for the coordination of the two health centres on the outer islands of Niuafu'ou and Nuatoputapu (32). Niu'ui Hospital in the Ha'apai region is responsible for some isolated island communities in Tonga (32). Niu'eki hospital is in the Eua's region, and while the region of Eua' is officially linked to Tongatapu, it is managed as a separate health district, with the chief medical officer of Eua' reporting directly to the Minister of Health.

At the primary care level, there are 14 health centres in the country. There are 7 health centres in the Tongatapu region, 3 health centres in the Ha'apai region, 2 health centres in the Vava'u region, and one health centre located on each of the outer islands: Tu'akifalelei health centre on Niuafu'ou Island and Likamonu health centre on Nuatoputapu Island (13). There are also a total of 31 maternal and child health clinics in the country, of which 19 are in the Tongatapu Region, 5 in the Vava'u region, 3 in the Ha'apai Region, and 3 located in the Eua' region.

While the private sector in Tonga is quite small, there are eight private clinics in the country, all located within the Tongatapu region. Six of these private clinics provide services after hours (operating between 17:00 and 20:00). The number of private providers is increasing, but the majority of private doctors remain government employees who run part-time private clinics, even out of their homes (33).

Figure 6. **Organogram**

Source: reference (33)

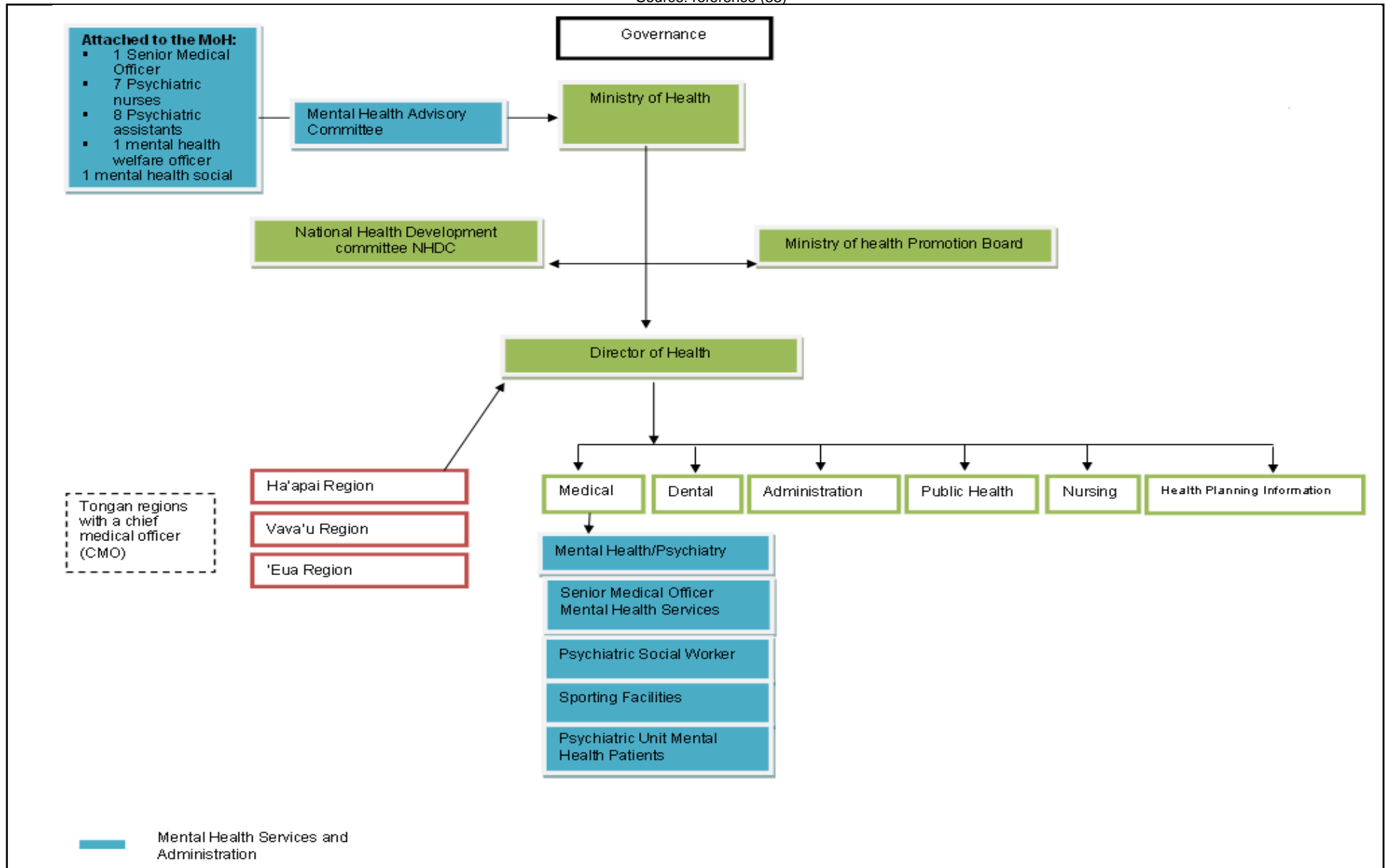
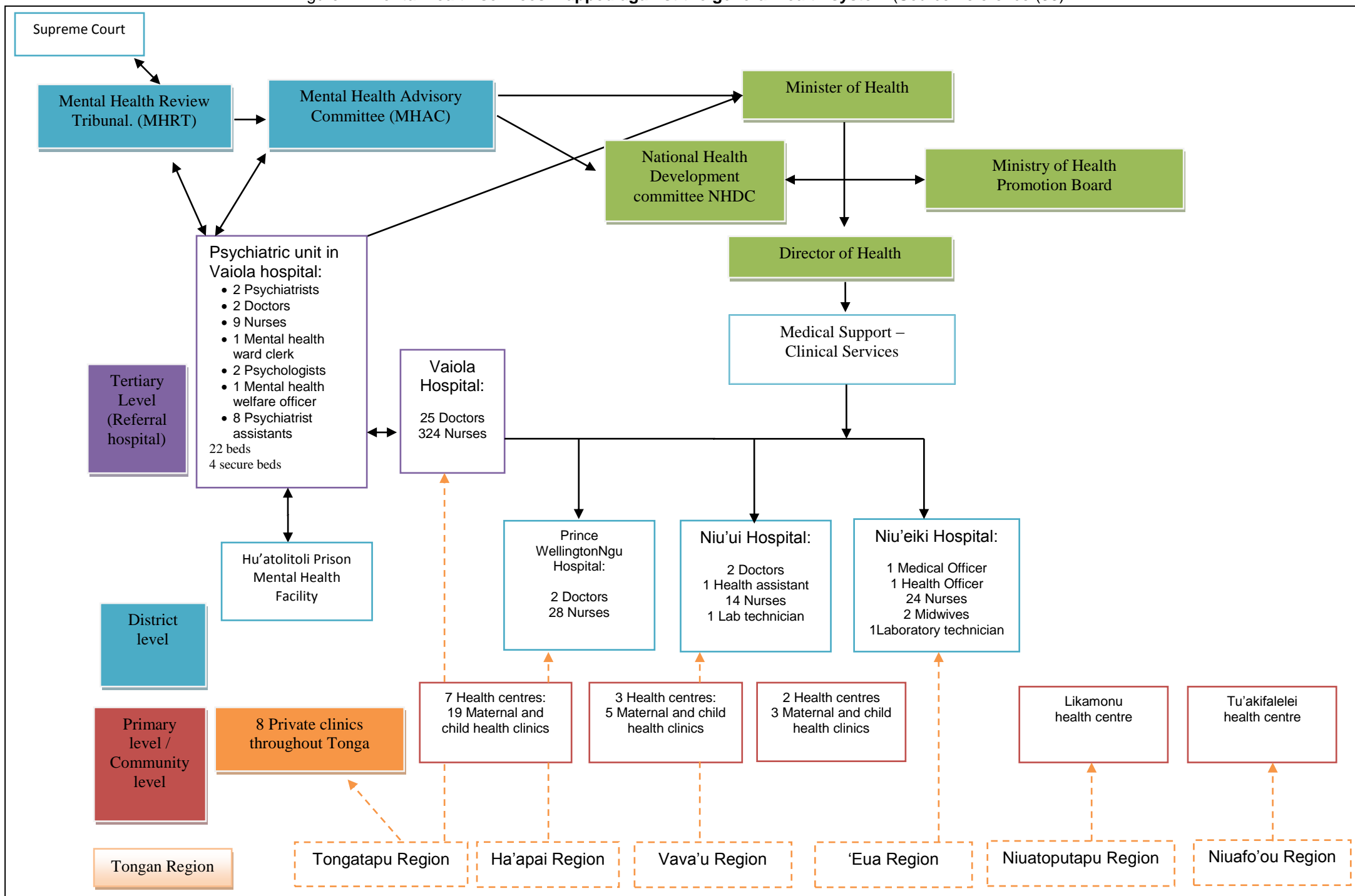


Figure 7. Mental health services mapped against the general health system (Source: reference (33))



COORDINATION

The Tongan Director of Health appointed the country's only psychiatrist, Dr Mapa Haano Puloka, to coordinate mental health services for the country, based at the Psychiatric Unit at Vaiola Hospital in Tongatapu. The Mental Health Welfare Officer additionally assists with the coordination of services. Both officials regularly liaise with the Ministry of Health. The Mental Health Division falls under the division of Medical Services. The objectives of the Mental Health Division are to (33):

- Ensure the continuity of skilled and committed staff members
- Improve the quality of follow-up of psychiatric patients
- Establish half-way homes and more community care facilities
- Develop mental health services on the outer Islands
- Promote mental health knowledge and combat misconceptions, stigma and discrimination related to mental health disorders
- Implement legislation, focusing particularly on the provisions of the current Mental Health Act of 2001 (amended in 2004)
- Manage psychiatric inpatients in a more integrated and interdisciplinary treatment plan

There is also a Mental Health Advisory Committee (MHAC) appointed by the Minister of Health, which handles cases and complaints from staff working in mental health services and reviews these cases bi-annually. This Committee carries out the liaison between the mental health staff and the Minister of Health. The Committee also advises the Minister on mental health facilities in Tonga and their standards of care.

The MHAC has 9 members appointed, who include:

- Director of Health
- Superintendent of the prison system
- District officer who is appointed by the Minister
- Mental Health Welfare Officer
- Psychiatrist at the Vaiola Hospital (authorized by the Director of Health)
- Senior teacher with experience in mental health
- Law practitioner
- Representative from the Tonga Red Cross Society
- Member of the community

Lastly, there is also a Mental Health Tribunal. This Tribunal includes the president, the psychiatrist, and an additional member who is neither a medical practitioner nor a lawyer, but has relevant skills and experience in mental health.

Alcohol and drug related issues are coordinated by the Public Health Division of the Ministry of Health (29). The Salvation Army operates the alcohol and drug prevention programme in Tonga, as there are no programmes for alcohol or substance misuse available at the psychiatric unit. All issues related to alcohol and substance use are coordinated by the Chief Medical Officer in charge of the Public Health Division (29).

LEGAL FRAMEWORK

The Mental Health Act was enacted in 1992, replacing the Lunatic Act. It was expanded in 2001 to include broader aspects of mental health, and further amended in 2004. The amendments to the act included the modification of several English terms and definitions. The 2001 Act details the powers of the Minister of Health, and the Mental Health Welfare Officer. Moreover, it provides guidelines for admission (compulsory and voluntary), detention and release of mentally-ill patients, and also addresses young people with mental health problems, capacity, consent, and examination.

Nonetheless, some clauses from the Tongan Constitution discriminate people with disabilities and mental disorders (27). For instance, clause 64 states that people who are 'insane' or 'imbecile' do not have the right to vote (21). This language needs to be abolished from legislation and replaced with more appropriate terminology (27).

A National Therapeutic Drug Policy and an Essential List of Drugs Policy were created in 2000. The goals of the National Therapeutic Drug Policy are to ensure the consistent availability within the country of medicinal drugs which are of acceptable quality, safety and efficacy; to provide equity of access to medicinal drugs, and to ensure that medicinal drugs are used rationally by prescribers, other health professionals and consumers.

MENTAL HEALTH POLICY AND PLAN

As of January 2010, there was no mental health policy in Tonga. However, Tonga is now in the initial stage of developing its mental health policy.

There is no substance abuse policy in Tonga. In 2008, the country planned to create a strategic plan focused on the prevention of adverse effects of alcohol and violence by December 2009 (34).

The Ministry of Health has a Corporate Plan for 2005/06-2007/08 which presents six key Strategic Result Areas for mental health. The goals of these priorities' were to: ensure a skilled and committed mental health workforce via training; improve the management of chronic psychiatric patients in the community and thereby decreasing the amount of re-admissions to Vaiola Hospital; extend mental health services to the Outer Islands; improve community perception of mental health; improve governance and professional management of the mental health system; and ensure better management of psychiatric inpatients in the ward (35).

The Ministry released its fourth Corporate Plan for 2008/2009-2011/2012 and outlined six key Strategic Result areas. One strategy is related to mental health and aims to "build capability and effectiveness in preventive health services to fight the noncommunicable disease epidemic and communicable diseases" (34).

One target related to NCD's was to develop a strategic plan which focused on the prevention of the adverse effects of alcohol, which was approved and developed in December 2009 (34). Other targets within this strategy include the following: expanding screening programs for risk behaviors related to NCD's, lobbying the government to introduce legislation to combat the NCD epidemic, developing and implementing voluntary health programmes for all Ministry of Health personnel, increasing effectiveness of preventative health programs, and involving the community in preventative health activities.

Under the key strategy of improving the efficiency and effectiveness of curative health service delivery, the Ministry plans to "expand clinical services to meet the needs of vulnerable groups of people such as the physical and mentally disabled in the community" (34). The intended action is to develop a management plan to support people with chronic mental illness in the community.

Furthermore, the Ministry of Health plans to improve the provision of services in the Outer Island Health Districts and Community Health Centres, which also impacts the delivery of mental health services.

The Government aims to introduce a single point of contact and develop community strategies with the Outer Island Health Districts and Community Health Centres (34). The idea is to implement a

job rotation plan and expand staffing and training so that services in these districts can be expanded, thereby reducing the number of cases referred to Vaiola Hospital.

In addition, a National Strategy to prevent and control NCDs was launched in 2010(36). This collaborative programme between the Australian Agency for International Development (AusAID), The Pacific Community (SPC) and the World Health Organization (WHO), in conjunction with the Ministry of Health, set up six main objectives to achieve by 2015. These targets include, to: reduce the prevalence of Diabetes by 10%; reduce the prevalence of adult/children obesity by 2%; improve the rate of moderate intensity (600 METS) Physical Activity per day on most days of the week by 10%; improve the level of consumption of five servings of fruits and vegetables per day on most days of the week by 10%; reduce the prevalence of current tobacco smokers by 2%; and reduce the prevalence of binge alcohol drinking amongst the youth by 10%.

HUMAN RIGHTS AND EQUITY

Tonga ratified and signed the Convention on the Rights of Persons with Disabilities (CRPD) and the Optional Protocol, in October 2007.

A 2001 report, carried out by the United States, assessed the human rights situation in Tonga. The report identified that prison and detention centres' conditions generally met international standards and that the Government allows visits by family members and church representatives (37).

The Tonga Red Cross monitored prison conditions as well (37). There were no reported complaints of discrimination in employment, education, or provision of other government services for people with disabilities. One highlighted issue was domestic violence towards women, which had not been addressed adequately by legislation.

No data or information could be identified with respect to the human rights and conditions of psychiatric patients in Vaiola Hospital.

There is a significant amount of stigma and discrimination associated with mental illness in Tongan society. Mental health is generally associated with fear and shame and it is common to find families ashamed of family members with mental disorders (26). As a result, mental illness is underreported in national surveys and reports; and services are underprovided.

The high level of stigma associated with mental illness impacts the life of people with mental health disorders. For instance, the National Disability Identification Survey revealed that people with mental health disorders tend to participate less in society and church activities than people with other disabilities (3, 27).

5. RESOURCES FOR MENTAL HEALTH

FINANCING

Overall, Tonga spends 4.4% of its total GDP expenditure on the public health sector (19). The health system is publicly funded and provides access to care free of charge. The formal private sector remains small throughout the country (26).

In terms of total healthcare expenditure, the Government covers 80.7% (19) of total expenditure on health, while private expenditure accounts for 19.3% (19). When the expenditures on traditional healers and international referrals are excluded, the Government covers the majority of curative and preventative care costs. There is a national insurance program in Tonga. However, it is only available for government employees (13).

The private sector is still small and consists mainly of traditional healers and after-hours government employee doctors. Traditional healers account for 14% of total expenditure of health (13). Interestingly, the National Health Accounts report details that an annual household expenditure on traditional healers accounts for 30.5% of people's out-of-pocket health expenditures (38).

In total, 4.4% of GDP is allocated to health. It is not known how much of this amount is allocated to mental health. The country does not have any disability benefits for persons with mental disorders.

Table 3
Health expenditure indicators, Tonga, 2010-2012 data

Health expenditure	Indicator	Source: reference
Per capita total expenditure on health 2012	PPP int. US \$197	(19)
Government spending on health per capita 2012	US \$159	(19)
Total expenditure on health as a % of GDP 2012	4.4	(19)
General government expenditure on health as % of total expenditure on health (2012)	80.7	(19)
Private expenditure on health as % of total expenditure on health (2012)	19.3	(19)
General government expenditure on health as % of total government expenditure (2012)	14.1	(19)

HUMAN RESOURCES

The staffing of a health centre varies a lot within Tonga, depending on its location. On average, a health centre serves 7,200 people and is typically staffed by a health officer and one to three nurses (13).

Tonga has a relatively high number of nurses. However, the number of doctors and midwives are

low. Moreover, many of the more qualified doctors are working at the referral hospital, leaving Outer Island hospitals to be managed by young and recently graduated doctors (39).

Table 4
Tonga registered healthcare professionals (2010 data)

Position Title	Number of Professionals
Physicians	62
Nursing staff	357
Midwifery staff	21
Pharmacists and technicians/assistants	15
Laboratory scientists and technicians/assistants	28
Radiographers	7
Environmental health workers	25
Public health workers	12
Medical assistants	22
Other health workers	180
Health management staff	50
Total	779

Source: reference (39)

Of the total health workers in the table above, 25 health professionals working in mental health are stationed at the Psychiatric Unit at Vaiola hospital. These data have been provided by the country.

- 1 Authorized Psychiatrist (who provides training to all other staff members)
- 2 Authorized medical practitioners with experience in mental health (one trained at Fiji National University (FNU) for a Post Graduate Diploma in Mental Health graduating November 2014)
- 1 Medical Officer
- 9 Clinical nurses (there are no mental health nurses, however, the clinical nurses rotate around the wards of Vaiola hospital)
- 8 Psychiatric assistants (5 of them are permanent staff, 3 of them are employed short-term)
- 1 Mental health welfare officer
- 2 Psychologists (one is staff and one is paid daily)
- 1 Mental health ward clerk

Table 5. Human Resources by facility in Tonga

GENERAL HEALTH						MENTAL HEALTH				
Facility/Level	Medical Officer	Nurse	Health Officer	Social Worker	Mid-wives	Psychiatrist	Clinical Psychologist	Psychiatric Assistant	Mental Health Welfare Officer	Mental Health Ward Clerk
NATIONAL VAIOLA HOSPITAL TOTALS	18	116	11	0	2	2	2	8	1	1
Vaiola Hospital Psychiatric Unit	2 with experience in mental health	9	0	0	0	2	2	8	1	1
Vailoa Hospital Outpatient Department	6	18	2	0	0	0	0	0	0	0
TOTAL	5	66	1	0	2	0	0	0	0	0
Prince Ngu's Hospital	2	28	1	0	0	0	0	0	0	0
Niu'ui Hospital	2	14	1	0	0	0	0	0	0	0
Niu'eki Hospital	1	24	1	0	2	0	0	0	0	0
TOTAL	0	23	8	0	0	0	0	0	0	0
Tu'akifalelei health centre	0	1	1	0	0	0	0	0	0	0
Likamonu health centre	0	2	1	0	0	0	0	0	0	0
Mu'a Health Centre	0	2 reproductive health nurses, 1 non-communicable disease nurse	1	0	0	0	0	0	0	0
Vaini Health Centre	0	2 non-communicable disease nurses 3 reproductive health nurses	1	0	0	0	0	0	0	0
Nukunuku Health Centre	0	1 reproductive nurse, 1 non-communicable disease nurse	1	0	0	0	0	0	0	0

Houma Health Centre	0	1 non-communicable disease nurse, 1 reproductive nurse	0	0	0	0	0	0	0	0
Kolonga Health Centre	0	1 non-communicable disease nurse, 2 reproductive nurses	1	0	0	0	0	0	0	0
Fua'amotu Health Centre	0	1 non-communicable disease nurse, 1 reproductive nurse	1	0	0	0	0	0	0	0
Kolovai Health Centre	0	1 non-communicable disease nurse, 1 reproductive nurse, 1 nurse practitioner	1	0	0	0	0	0	0	0

TRAINING

The lack of trained health workers is a serious issue in Tonga and can be explained by high rates of migration to neighboring countries. Moreover, the geographical distribution of health workers is very unequal, with Tongatapu having the highest concentration of health care workers.

In order to strengthen the Tongan health workforce, several international and regional training efforts have been made by the Polytechnic Institute in New Zealand, the University of Auckland, and WHO (26).

Nurse and Physician Training

Many doctors are trained in Australia, Fiji or New Zealand, often on bilateral scholarships or WHO fellowships (13).

Most nurses are trained at the Queen Salote School of Nursing (QSSN), which provides a three-year general Nursing program, with an additional 9 months of post-basic clinical training in specific fields. This training is funded by the Government and six-month post basic courses are also available. Approximately 30 nurses graduate each year from the basic training programme (13), however, none of these training courses currently include training in mental health. Another key issue is the fact that nurses at the school generally don't have access to computers or do not have computer skills. In general, the number of computer facilities and internet access are both very limited (26).

A postgraduate certificate training programme has also been set up in collaboration with the Nursing Department at the Auckland University of Technology (AUT) in New Zealand (26). This program includes training in intensive care, nursing, midwifery, internal medicine, surgery and public health. The Open Polytechnic of New Zealand also provides occasional in-service training for nurses. Recent collaboration between the AUT and WHO enables professionals to be trained and to receive an Honors Bachelor of Science degree with an extra year (26).

Vaiola Hospital also supports in-service and post-basic training of nurses.

Mental health training

The country needs several mental health professionals such as psychiatrists, psychologists, specialist social workers, certified addiction counselors, and prevention specialists. In addition, there is an ongoing need for advanced training in mental health and substance abuse planning, management, epidemiology and statistics.

There is regular mental health training provided to primary care professionals. In the past two years, approximately 14 health care professionals were trained. A significant amount of mental health training is completed overseas, in New Zealand or in Papua New Guinea.

Tonga's only Authorized Psychiatrist provides in-service training at the Vaiola Hospital to all psychiatric staff members.

On the Outer Islands, nurses have not received training in mental health. However, they have participated in workshops related to mental health, as have traditional healers. The frequency of these workshops heavily depends on the available funding (29).

There have also been several mental health-focused national training workshops during the period 1992 to 2003. Topics included: Clinical Psychiatry, Mental Health Act, Traditional Healing, Forensic Psychiatry, Substance-related Disorders, Counselling, Rehabilitation, Care givers, and Transpersonal Psychiatry. Workshop participants consisted of doctors, nurses, health officers, lawyers, officers from probation services, police officers, teachers, town officers, district officers, traditional healers, NGO representatives such as the Tonga Disabled Centre (OTA and ALONGA branches), Salvation Army, Tonga Lifeline, Tonga National Centre for Women and Children, representatives from churches, and other stakeholders.

Other training initiatives

The Tongan Ministry of Education is currently working through the New Zealand Open Polytechnic to establish an Open Learning model to develop a virtual university (26).

The Tongan Ministry of Education has also developed a Distance Education and Communications Centre. The Centre has a nonoperational PEACESAT terminal, offices and two computer laboratories. In case there is no internet connection, training can be provided on computer applications and software as well as on CD-ROM-based materials. This has been an effective training method. In the past, several personnel from Tonga Communications Corporation and the Ministry of Health as well as Ministry of Education staff have benefited from training in basic computer skills (26).

The Pacific Open Learning Health Net (POHLN) also offers the opportunity for Tongans to complete online courses run by the QSSN, as well as through the Vaiola Hospital. With support from WHO and the Government of Japan, computer learning centres have been established in 10 Pacific countries, including Tonga, for distance learning for health professionals. Each centre has computers with internet connections and videoconference capability. Staff in each centre have been trained to maintain and manage the system and teach users in necessary skills (using computers, basic software, CD-ROMs and accessing the internet) (26).

The University of the South Pacific has an extension campus in Tonga which offers regional and local programmes. Thus, students can undertake health and mental health off-campus courses. These courses typically spread over 3 semesters with 1 course per semester. Community workers in the fields of youth, human rights, women's health, the elderly or HIV/AIDS can also attend a certificate course. A certification programme on disability is also delivered.

These distance-learning modules and initiatives are great opportunities for an isolated country such as Tonga. However, internet inaccessibility is the primary barrier to participating in these training programmes. The internet is provided via satellite in Tonga, making it expensive for many Tongans. Only a small minority of the population can afford it and most of them live in the Tongatapu Island's cities (26).

Table 6
Training and work for mental health professionals in Tonga

Training available in Tonga		
Human resources	Degree courses	Continuing professional development training
Mental health workers		
Neurosurgeons	No	No
Neurologists	No	
Psychiatric nurses	No	No
Psychiatrist assistants	No	No
Psychologists	No (trained abroad)	No
Occupational therapists	No (trained abroad)	No
Social workers	No	No
Traditional healers	No	No
Mental health welfare officer	No	No
General health workers		
Physicians / General doctors	No (trained abroad)	No
Nurses	Yes	Yes (ad hoc)
Pharmacists	No	No
Midwives	Yes	No

Source: reference (33)

MEDICATIONS.

As shown in **Table 7**, most of the psychotropic medications that WHO recommends are available in Tonga. However, methadone and nicotine replacement therapy are still not available.

Prescription regulations do not authorize primary care doctors or nurses to prescribe psychotropic medicines (40).

Atypical antipsychotics such as Risperidone and Olanzapine are available on special request by family members to the Vaiola Pharmaceutical Board. The family is then required to pay for half of the expenses and the government funds the remainder of the cost.

Table 7

Comparison of recommended psychotropic medications and official policy in Tonga
(see Appendix for more detail on WHO EPM List).

Drug	WHO Essential Psychotherapeutic Medicines 2013	Tonga National Essential Medicines List
Chlorpromazine	✓	✓
Haloperidol	✓	✓
Fluphenazine	✓	✓
Amitriptyline	✓	✓
Fluoxetine	✓	✓
Diazepam	✓	✓
Clomipramine	✓	✓
Carbamazepine	✓	✓
Sodium Valproate	✓	✓
Lithium Carbonate	✓	✓
Methadone	✓	X
Nicotine replacement therapy	✓	X

Source: references (41), (42)

INFORMATION SYSTEMS

Tonga has a reporting system as well as a data collection system for mental health (32),(13). In 2009, the World Bank sponsored a project to install a web-based patient administration system at Vaiola Hospital in Tongatapu. This system provides the hospital clinical staff with online access to patient medical records (43). Tongan hospitals collect data on patient admissions, ward occupancy, average length of stay, diagnostic tests performed and medications provided (32). At Vaiola Hospital, the diagnosis is coded by the Medical Records staff (using ICD-10 coding) and submitted to the Statistics Unit. All other health centres outside Vaiola send admission and discharge data to the Statistics Unit at the Ministry of Health where the data is coded (32).

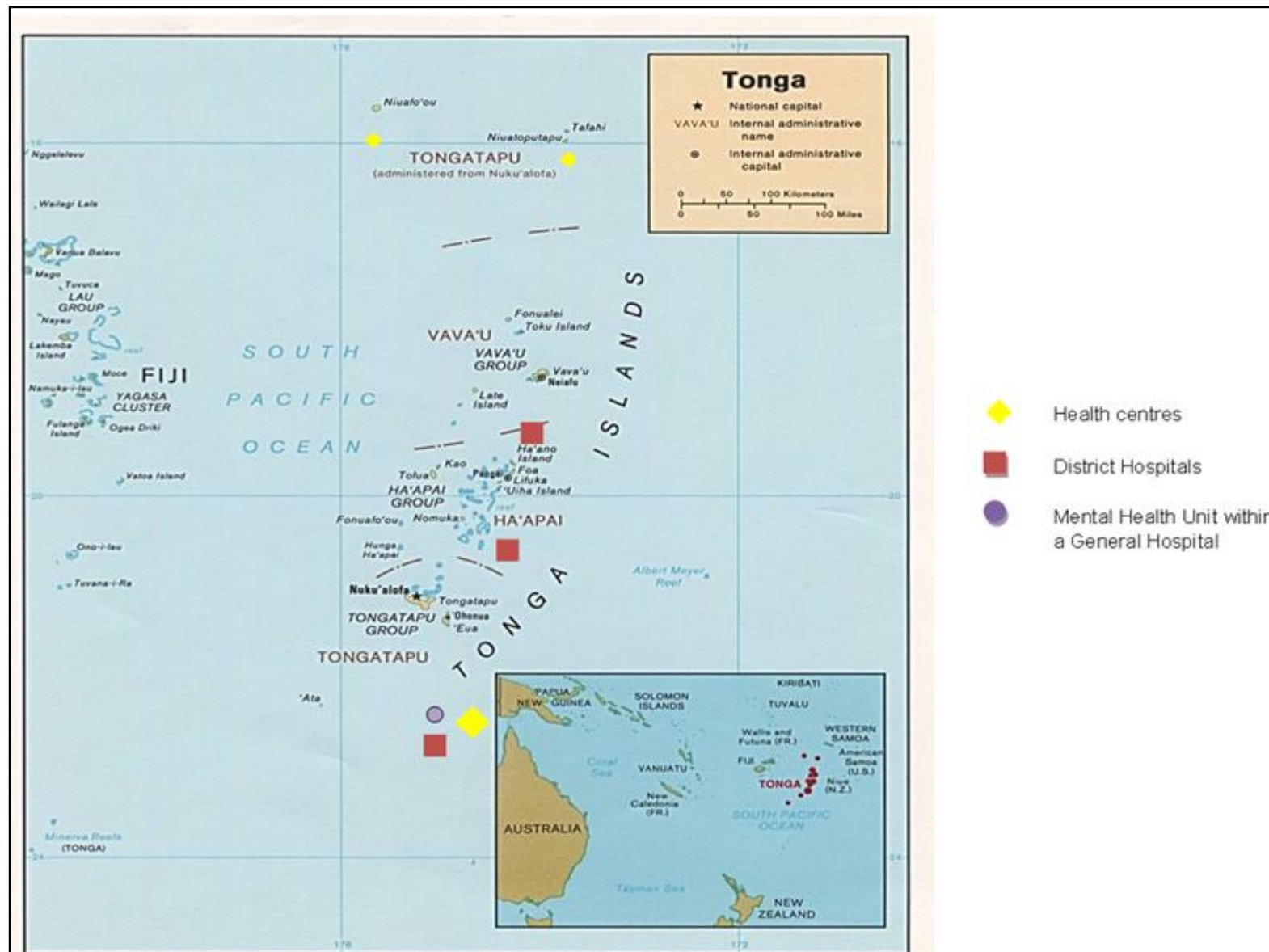
Table 8 details the Tongan mental health information system.

Table 8
Mental health information system in Tonga

	Data on number of people/ activities are collected and reported	Data on age and gender are collected and reported	Data on patients' diagnosis are collected and reported
Persons with mental disorders treated in primary health care	Yes	Yes	Yes
Interventions (psychopharmacological and psychosocial) delivered in primary health care for people with mental disorders	Yes	Yes	Yes
Persons treated in mental health outpatient facilities	Yes	Yes	Yes
Contacts in mental health outpatient facilities	Yes	Yes	Yes
Persons treated in mental health day treatment	Not applicable	Not applicable	Not applicable
Admissions in general hospitals with psychiatrist beds	Not applicable	Not applicable	Not applicable
Admissions in mental health hospitals	Yes	Yes	Yes
Days spent in mental health hospitals	Yes	Yes	Yes
Admissions in community residential facilities	Not applicable	Not applicable	Not applicable

Source: reference (40)

Figure 8. Mapping health care services in Tonga



FACILITIES AND SERVICES

Long stay facilities and specialist services

There are no long-stay specialist psychiatric services in Tonga. All psychiatric referrals are made to the psychiatrist unit of the main hospital Vaiola described below.

However, there is a separate facility in the main prison of Hu'atolitoli which was designated as a hospital for the purpose of the Mental Health Act # 18, 1992. It is not only for forensic cases but for any psychiatric patients who cannot be treated in the psychiatric unit due to issues related to dangerousness and frequent escape from the psychiatric unit in Vaiola hospital. Hence the patient population of this prison facility comprises a mix of forensic psychiatric patients and non-forensic involuntary patients. A prison officer has responsibility for looking after these patients, however, a prison inmate has also been assigned to look after them at all times. In May 2014, there were two forensic psychiatric patients and 5 involuntary psychiatric patients in the Hu'atolitoli Hospital.

Psychiatric services within general hospitals

Vaiola Referral Hospital in Nuku'alofa in the Tongatapu region provides inpatient and outpatient services and dental care. Diagnostic, pharmaceutical and clinical support services are all provided. Environmental health, health promotion and community health services are coordinated at Vaiola Hospital through the Public Health Division of the Ministry of Health, which is based on the grounds of Vaiola.

The only psychiatric unit in Tonga is based at the Vaiola Hospital. It provides short-term inpatient and outpatient services for people with mental disorders.

The main functions of the mental health/psychiatric unit at Vaiola hospital are (1) to:

- treat acute psychiatric cases and emergencies
- provide treatment and rehabilitation of chronic psychiatric cases
- provide treatment of forensic cases and follow-up of outpatients
- provide open-door care for respite and drop-in care
- provide regular transportation for patient care during working hours
- promote mental health

There are 22 beds in the unit. Two double rooms are dedicated to children under 12 years old. The average length of stay is approximately 10 days.

27 professionals work in the psychiatric unit, including:

- 1 psychiatrist (who provides training to all other staff members)
- 1 authorised medical officer with experience in mental health
- 7 general nurses
- 6 psychiatric assistants
- 1 mental health welfare officer
- 1 clinical psychologist trainee
- 7 support staff and administrative services
- 1 psychiatric social worker

The Vaiola hospital's outpatient department provides outpatient services including psychiatric services. The department is staffed by:

- 6 medical doctors
- 2 health officers
- 18 general staff nurses

In addition, there are three district general hospitals in Tonga: Prince Ngu's Hospital in Va'vau region, Niu'ui Hospital in the Ha'apai region, and the Niu'eki Hospital in Eua' region. Prince Ngu's Hospital is a 61-bed hospital staffed by 66 workers. Niu'ui hospital is a 28-bed hospital staffed by 40 health workers. Niu'eki Hospital is a 16-bed hospital, staffed by 29 health workers. Prince Ngu's hospital and Niu'ui hospital both provide pathology, radiology, pharmacy and dental services. Both hospitals have outpatient departments and also coordinate environmental and community health services in their respective health districts, Va'vau and Ha'apai (32).

However, none of these three district hospitals provide mental health services, nor do they have beds dedicated to people with mental disorders.

Formal community mental health services

The Tongan Government funds community mental health services which are provided by the professionals at Vaiola General Hospital. These services provide care for the elderly, children and youth.

In 2003, an outreach community approach was adopted with the creation of a local Kava club, which enabled health professionals and homeless people to meet up in Nukualofa (44).

Mental health services through primary health care

A total of 14 health centres provide health care services to the population of Tonga- Tu'akifalelei Health Centre (located on the Outer Island of Niuafu'ou) and the Likamonu Health Centre (located on the Outer Island of Niuatoputapu Island) are the only available health services in these outer islands.

None of these centres provide mental health services to people with mental disorders.

Private clinics

There are 8 private clinics in Tonga, all of which are located on Tongatapu Island.

Informal community care

Traditional healers, churches, and community leaders all play important roles at the primary health care level (26). Three WHO-supported workshops have been carried out with traditional healers who treat behavior problems in an attempt to bridge the gap between formal mental health services and informal community mental health services (45). In most cases, people with mental disorders will first seek help from a traditional healer.

Nongovernment organizations (NGOs)

Whilst non-governmental organizations provide a range of mental health services outside of the formal health care system, they are often in close contact and liaison with hospital services (3).

Tonga National Centre for Women and Children (TNCWC) provides counseling and support services for survivors of domestic violence, rape, child sexual abuse/neglect and sexual harassment. The service provides counseling for married couples and addresses women's issues in general while working in close collaboration with the Domestic Violence Unit in Tonga. Services are free and delivered every day at any time. A safe house is also provided for women and children (46).

The Tonga Leiti Association provides counseling for young Leitis 24 hours a day, seven days a week. Leitis is an inclusive term for transgender, gay, bisexual and other men who have sex with men (47).

Ofa, Tui moe Amanaki provides counseling and support for people living with disabilities, especially to young people and children, Monday to Friday. The Tonga National Disabilities Congress also provides counseling for persons living with disabilities upon request.

The Tonga Life Line provides counseling covering issues of attempted suicide, depression, deportees, and prostitution. This is a 24-hour telephone service which operates six days a week. Services accessed in person are free of charge; however there may be some fees for the phone services.

The Reformation Home provides counseling support and spiritual healing for troubled young people (46).

The Tonga Family Health Association (TFHA) provides counseling for young people, young single mothers, teenaged unplanned pregnancies, and sexual reproductive issues for men and women. The centre is opened from Monday to Friday. Home visiting programmes are also available. Youth services are free. The Tonga Family Planning Association also has psychology services, comprehensive drug and alcohol assessment, recovery, and counseling programmes (1).

Four high schools provide counseling for students at all levels upon request. These high schools are: Tonga High School, Apifo'ou College, Liahona High School, and St Andrews College.

Ma'a Fafine mo e Famili provides counseling on divorce, maintenance, and separation, as well as workshops on good governance and human rights (46).

An important caveat to bear in mind is that while these NGO's and CSO's offer counseling and support programme for Tongans, there is no counseling accreditation programme in Tonga. Thus, in terms of training, the majority of counselors have participated in short-term courses through their organizations but not received any formal training outside Tonga (46).

Faith-based organizations

Several faith-based organizations are involved in providing crisis interventions and individual counselling.

The Alcohol and Drug Awareness Centre of the Salvation Army provides counseling and rehabilitation courses for service users with drug and alcohol problems. Typically, these participants are referred from the court system. The services and courses are free of charge for participants and users (46).

Vaevaemanava Ministries provides counseling and support for life problems and are available upon request.

The Reformation Home is a Christian-based organization providing counseling for homeless youth. The organization also provides a refuge which is free of charge and is open six days a week (46).

Additionally, the Free Wesleyan, Catholic, Mormon, and Seventh Day Adventist faiths have Christian-based counseling within their congregations. This is usually conducted by the Christian family life team. The Baha'i faith also has support programmes, addressing mental health issues.

Self-care and family-care

The Fie Fia project was established in Tonga with the aim to set up informal community discussions on mental health related issues. Mental health staff, service users and the general public make up the discussion group. It aims to educate the general public as well as acting as a medium of re-introducing the service users to the community (29). However, the project did not receive nationwide support. As a result, it has only been implemented in the Kolofo'ou District of Nuku'alofa, where there is a large concentration of service users (29).

Pamphlets related to signs and symptoms of mental illness are available throughout Tonga.

Pamphlets on the side-effects of medication are also available at the Psychiatric unit. Radio and television programmes about mental health are run when funding is available (29).

Family members in Tonga are encouraged to participate in the treatment process. Weekly family sessions with psychiatric staff are held in an effort to bring staff and families together to provide the most effective care for people with mental illness (29).

Table 9: Service Utilization in Tonga

	GENERAL HEALTH	MENTAL HEALTH INPATIENT				MENTAL HEALTH OUTPATIENT	
Facility/Level	Total Number of Beds	Total number of beds	Average length of stay	Number of Individual Patients seen per year	Number of contacts per year (i.e. number of total consultations)	Number of Individual patients seen per year	Number of contacts per year (i.e. number of total consultations)
NATIONAL REFERRAL HOSPITAL (1)							
TOTAL	199	22	10 days	169 ¹	220 ¹	Not available	Not available
Vaiola Hospital	199	22	10 days	169 ¹	220 ¹	Not available	Not available
DISTRICT HOSPITALS (3)							
TOTAL	105	0	0	0	0	0	0
Prince Ngu's Hospital	61	0	0	0	0	0	0
Niu'ui Hospital	28	0	0	0	0	0	0
Niu'eki Hospital	16	0	0	0	0	0	0
PRIMARY LEVEL CARE							
Health Centres (14)							
TOTAL	0	0	0	0	0	0	0
Tu'akifalelei Health Centre	0	0	0	0	0	0	0
Likamonu Health Centre	0	0	0	0	0	0	0

¹ Based on the 2015 data from the Vaiola Mental Health Unit (personal communication with Dr. Mapa Haano Puloka)

Figure 9. The WHO Pyramid of Care and the reality in Tonga

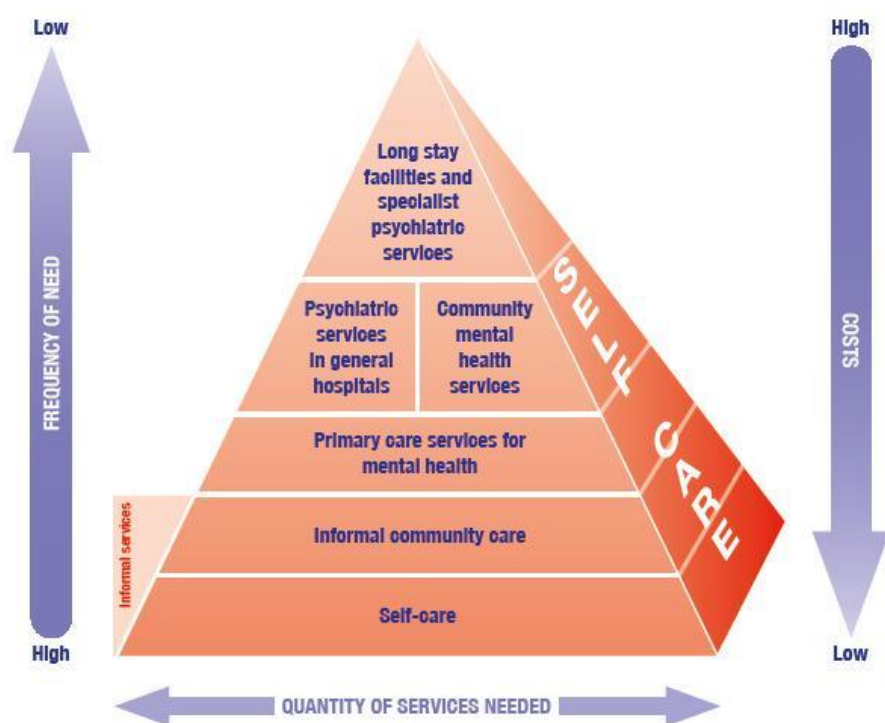


Figure 9(a)
The ideal structure for mental health care in any given country.

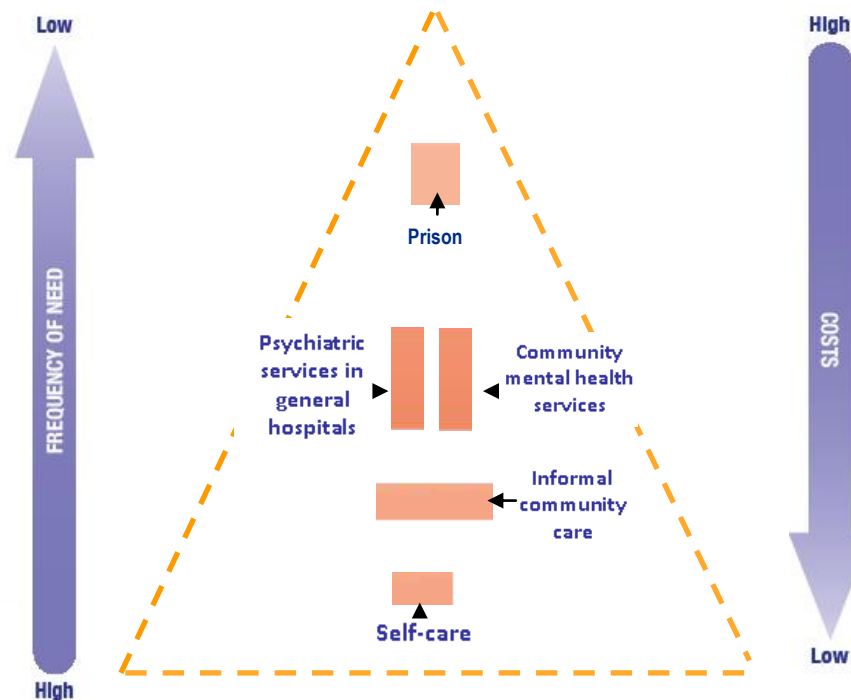


Figure 9(b)
The reality of mental health care in the Kingdom of Tonga
The levels of care that are non-existent, poorly developed or inappropriate have been removed from the pyramid of care.

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Mental health and development: Targeting people with mental health conditions as a vulnerable group

http://www.who.int/mental_health/policy/mhtargeting/en/index.html

Improving health systems and services for mental health

http://www.who.int/mental_health/policy/services/mhsystems/en/index.html

WHO/Wonca joint report: Integrating mental health into primary care - a global perspective

http://www.who.int/mental_health/policy/Integratingmhintopriarycare2008_lastversion.pdf

WHO Resource Book on Mental Health, Human Rights and Legislation.

http://www.who.int/mental_health/policy/legislation/Resource%20Book_Eng2_WEB_07%20%282%29.pdf

The WHO Mental Health Policy and Service Guidance Package

http://www.who.int/mental_health/policy/essentialpackage1/en/index.html

- [The mental health context](#)
- [Mental health policy, plans and programmes - update](#)
- [Organization of services](#)
- [Planning and budgeting to deliver services for mental health](#)
- [Mental health financing](#)
- [Mental health legislation & human rights](#)
- [Advocacy for mental health](#)
- [Quality improvement for mental health](#)
- [Human resources and training in mental health](#)
- [Improving access and use of psychotropic medicines](#)
- [Child and adolescent mental health policies and plans](#)
- [Mental Health Information Systems](#)
- [Mental health policies and programmes in the workplace](#)
- [Monitoring and evaluation of mental health policies and plans](#)

World Health Report 2001: New Understanding, New Hope

<http://www.who.int/whr/2001/en/index.html>

APPENDIX

Essential psychotherapeutic medicines

WHO Model List of Essential Medicines, 19th List (April 2015) - Amended November 2015

Where the [c] symbol is placed next to the complementary list it signifies that the medicine(s) require(s) specialist diagnostic or monitoring facilities, and/or specialist medical care, and/or specialist training for their use in children.

Source: reference (42)

Psychotic disorders	
Chlorpromazine	Injection 25 mg (hydrochloride)/ml in 2ml ampoule Oral liquid 25 mg (hydrochloride)/5 ml. Tablet 100 mg (hydrochloride).
Fluphenazine	Injection 25 mg (decanoate or enantate) in 1ml ampoule
Haloperidol	Injection 5 mg in 1ml ampoule Tablet 2 mg; 5 mg.
Risperidone	Solid oral dosage form: 0.25 mg to 6.0 mg
Complementary list [c]	
Chlorpromazine	Injection: 25 mg (hydrochloride)/ml in 2ml ampoule. Oral liquid: 25 mg (hydrochloride)/5 ml. Tablet: 10 mg; 25 mg; 50 mg; 100 mg (hydrochloride).
Clozapine	Solid oral dosage form: 0.25mg to 6.0 mg
Haloperidol	Injection: 5 mg in 1ml ampoule. Oral liquid: 2 mg/ml. Solid oral dosage form: 0.5 mg; 2 mg; 5 mg.
Depressive disorders	
Amitriptyline	Tablet 25 mg; 75 mg (hydrochloride).
Fluoxetine	Solid oral dosage form: 20mg (as hydrochloride).
Complementary list [c]	
Fluoxetine	Solid oral dosage form: 20 mg (as hydrochloride). a >8 years.
Bipolar disorders	
Carbamazepine	Tablet (scored) 100 mg; 200 mg.
Lithium carbonate	Solid oral dosage form: 300 mg.
Valproic acid (sodium valproate)	Tablet (enteric coated): 200 mg; 500 mg (sodium valproate).
Generalised anxiety disorders	
Diazepam	Tablet (scored): 2 mg; 5 mg.
Obsessive-compulsive disorders	
Clomipramine	Capsule 10 mg; 25 mg (hydrochloride).
Disorders due to psychoactive substance use	
Nicotine replacement therapy	Chewing gum: 2mg, 4mg (as polacrilex) Transdermal patch: 5mg to 30mg/16 hrs; 7mg to 21mg/24 hrs
Complementary list [c]	
Methadone*	Concentrate for oral liquid 5 mg/ml; 10 mg/ml (hydrochloride) Oral liquid 5 mg/5 ml; 10 mg/5 ml (hydrochloride) *The square box is added to include buprenorphine. The medicines should only be used within an established support programme.

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